PATENT APPLICATIO			N RECOR	Ð		dication	or Do	cket Numb	per
Effect	10108952()								
CLAIMS AS FILED - PART I (Column 1) (Column 2)			SM/	ALL EN	ITITY □	OR	OTHER		
TOTAL CLAIMS	The state of the s			R	ATE	FEE		RATE	nFF.
FOR	NUMBER FILED	NUMBE	R EXTRA	BAS	SIC FEE	370.00	OR	BASIC FEE	\$40.00
TOTAL CHARGEABLE CLAIMS	77 cain 12 20%	* ~		х	\$ 9=		OR	X\$18=	
NDEPENDENT CLAIMS	SC 1002-	+		×	(42=		OR	X84=	
NULTIPLE DEPENDENT CLAIM P	RESENT	-			140=		OR	+280=	
If the difference in column dis		"0" in co	olumno2	<u> </u>	OTAL		OR	TOTAL	\$89C
('olymp 1)		7 II	(Column 3)	SI	MALL	ENTITY	OR	OTHER SMALL I	
LEMAINING AFTER	FIRE TO SECOND		PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEÆ
Total JS Independent	NYO 2		=	×	(\$ 9=		OR	X\$18=	
Independent 2	Thurs. E	3	=	7	<42=		OR	X84=	
FIRST PI?	ET ET	LAIM		+	140=		OR	+280=	
			•	ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	
<u> </u>		<u>ლი 2)</u>	(Column 3)	,,,,,,),,,, C		_		
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Total	Joann's		i i	,	(\$ 9=		OR	X\$18=	
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				L	TOTAL DIT. FEE		OR	TOTAL	
: 22		mn 2)	(Column 3)	AUI	<i>J</i> 11. FCC		_	ADDIT. FEE	,
O		DLY OR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADE TION FEI
Total Independent			=		(\$ 9=		OR	X\$18=	
Independent	* * ***		=		X42=	1	OR	VOA	
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* If the entry in the state of the "Highest North State of the "Highest North State of the State	p _{el} ,		olumn 3. an 20, enter "20. an 3, enter "3."	. ┗	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
The Highest 1's Source F			e highest numbe					olumn 1.	E COAR